

Garner Internal Medicine, P.A.

SUMMARY OF PRIVACY PRACTICES

As a patient of Garner Internal Medicine, P.A., we want to inform you of an important protection for patient privacy that is effective as of April 14, 2003. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 permits the federal government to give practices, such as ours, specific rules about the storage and transmission of personal health care information. The Privacy Rule portion of the Act tells us how to use “individually identifiable health information” (IIHI) about patients within our practice and how to disclose it outside our practice.

HIPAA requires that we adopt a Notice of Privacy Practices and provide you a copy. This is a lengthy Notice, so to make it easier for you to understand, we have listed the patient rights that are detailed in the attached Notice of Privacy Practices:

- Patients have the right to receive copies of our Notice Privacy Practices
- Patients can give permission to the practice to use and disclose IIHI for certain purposes and for psychotherapy notes
- Patients can ask for restrictions on certain uses and disclosures of IIHI
- Patients can ask for restrictions on the way(s) in which we communicate IIHI to them
- Patients can ask us to change the IIHI that is contained in their medical records
- Patients can ask to inspect and copy IIHI
- Patients can ask for a list of disclosures of IIHI made by the practice
- Patients have the right to complain to our practice and to the department of Health and Human Services about alleged violations of the Privacy Practice

We fully support HIPAA and the Privacy Rule. As our patient, we ask you to sign the following Receipt Acknowledgement of our Notice of Privacy Practices, and we will be glad to provide you with a personal copy of the complete Notice if you would like to have it for your records.

Receipt Acknowledgement of Notice of Privacy Practices

I, _____, have received a copy of Garner Internal Medicine, P.A.’s
Patient Name
Notice of Privacy Practices.

Signature of Patient

Date